VA APN NEWS

Published by:

The Advanced Practice Nursing Advisory Group (APNAG)

DEPARTMENT OF VETERANS AFFAIRS
ADVANCED PRACTICE NURSING

2010

Fall

Keeping the Promise to Those Who Served

VA Advanced Practice Nurses (Nurse Practitioners and Clinical Nurse Specialists), are committed to this promise. With approximately 4800 APNS, the VA is the largest employer of APNs in the U.S. The VA employs approximately 4,267 NPs and 533 CNSs . There are several articles in this issue on rules, regulations, certifications and license that are necessary for APNs to practice.

Message from APNAG Chair—Mary Lovelady

I was honored to assume the position of Chair of the Advanced Practice Nursing Advisory Group (APNAG) upon the unexpected retirement of Carolyn Anich in May. In June, the APNAG also welcomed Mary Falls as co-chair of the group. I am totally indebted to Jan Elliott, previous chair for her coaching and mentoring of me in this new role. Having been an APN (Adult Health Nurse Practitioner and Clinical Specialist) in the VHA the past 30+ years, I continue to be astounded at the growing opportunities for APN's and VHA being at the forefront. The implementation of the Patient Centered Medical Home (PCMH) model has certainly expanded the horizons of APNS throughout VHA. APNs have the opportunity to be "trailblazers" in this new initiative. It has also been exciting to see and be a part of the transformational changes for which APNs will play an integral role in developing as well as increasing opportunities for APNS in providing the highest level of healthcare to our nation's veterans. APN exemplars are representing APNs in VHA nationwide on numerous task forces/work groups/committees. I encourage you to seek out opportunities to share your expertise as Advanced Practice Nurses.

The APNAG has been working diligently on several projects all designed to advance APN practice and assure the bidirectional communication flow from the Office of Nursing Services (ONS) to the field and vice versa. Please contact your VISN APN Liaison representative if you are not receiving E-mails keeping you informed of items of interest. Specific accomplishments for this year include: the development of an APN orientation packet which was placed on COLLAGE; Scope of Practice examples also placed on COLLAGE; review of the Professional Practice Evaluation process for APNs; formal presentation to the VHA Chief of Staff group regarding APN practice; and the participation of numerous APNAG members on the National Nurse Executive Committee (NNEC) goal groups to represent the voice of the VHA APNs.

In the past year we have also welcomed four new members to the APNAG: Kathleen Vertino, VISN 1 & 2 ; Donna Becker, VISN 7 & 8 , Jenny O'Donohue VISN 11 & 12 and Mary J. Aigner, VISN 16 & 17. Also joining us as VACO facilitator for the APNAG is Marthe Moseley.

I look forward to the exciting changes occurring for Advance Practice Nursing and encourage each of you to become involved.

VHA APN 2011 CONFERENCE

Chicago, Illinois

SAVE THE DATE!

THEME *" APN'S SAILING THE WINDS OF CHANGE"*

DATE AUGUST 17-19 2011

Inside this issue:

Use of PDA to Enhance Clinical Practice

Aaron Schneider, RN, MSN

VISN 3 APN Liaison Representative

Caring for patients whether in primary care or in chronic pain clinic requires the use of many clinical resources. Advance Practice Nurses (APNs), while knowledgeable with the diagnosing of multiple illnesses , must always be on the cutting edge of medication management due to the rapid changes in the drug market and therapies. During an initial assessment and full history , the clinician reviews all contributing factors related to chronic pain. These factors must then be assimilated into the safest, most effective treatment plan with frequent reviews. A major concern involves medication interactions. This article will introduce you to two computer programs which are currently available for use on a PDA (Personal Digital Assistant) to enhance clinical practice. Other programs are available, however, this article will review Epocrates Essentials and Merck Medicus. These programs have multiple capabilities including providing information on disease processes, disease management , drug information , drug interactions, and explanation of lab values. These programs can enhance a clinicians ability to provide optimal care. Below are several cases from a chronic care clinic illustrating these points.

Disease Management:

Case #1 : The patient previously had been diagnosed with Pseudotumor Ceribri (Idiopathic Intracranial Hypertension). He stated that during the course of diagnosing, he had multiple spinal taps performed. Merck Medicus states Pseudotumor Ceribri can cause migraines and almost daily headaches. This can also cause transient obscuration of vision, diplopia and 6th cranial nerve palsy or permanent vision loss. This patient was instructed to return to neurology and have frequent checks of this peripheral vision by an ophthalmologist. Epocrates software did not have the definition for Pseudotumor Ceribri as a disease or diagnosis.

Case #2: Patient Two was diagnosed with Coccidioidomycosis, this diagnosis was found in Epocrates. Coccidioidomycosis is a pulmonary fungal infection endemic to the southwestern desert of the US. This disease rarely progresses to involve extra-pulmonary sites (<1%); it can affect the nervous system, also skin, endocrine, metabolic, musculoskeletal, pulmonary, and exocrine systems. The incidence is 100,000 cases/year and is a 0.5% of these are extra pulmonary. This fungus is inhaled when arid soil is disturbed. The disease requires lifetime treatment with anti-fungal agents. If the extra-pulmonary disease is a cause of pain , it needs to be treated. If the patient has extra-pulmonary Coccidioidomycosis, the underlying disease should be treated as well as the symptoms.

Medication Management

Treating chronic pain requires the use of multiple medications that can interact with each other. A through medication reconciliation is very important in the initial assessment and history of the presenting patient.

Case #1 This patient takes Quetiapine for bipolar disorder and nortriptyline for sleep problems. Methadone is being considered for treating his chronic neuropathic pain. Using the PDA Epocrotes program , a list of all the patient's medications into the medication check section for drug interactions. Both quentiapine and nortriptyline can increase the risk of QT interval prolongation with methadone. Methadone and nortriptyline can cause severe constipation and paralytic ileus. After this review, the recommendation from the pain clinic would be to trial another opiate medication before using methadone.

The clinical ordering the quentiapine and nortriptyline should monitor for QT prolongation and hyperpyrexia (another interaction side effect). An EKG should be performed on a regular basis (annually) .

Case #2 Patient is taking topriramate for migraines and divalproex sodium for bipolar disease. Using the Epocrotes program, a warning of teratogenic effects using this combination. Congenital malformations may occur during the 1st trimester along with hyper– ammonemia and encephalopathy. A timely warning would prevent these complications from this combination of drugs.

Lab Management

Epocrates and Merck Medicus can be used to look up positive or elevated lab values and their possible reason for the abnormality. For example, an elevated MCV can be related to alcohol abuse, liver disease, megaloblastic anemia, myelodysplasia, reticulocytosisis and spherocytosisis. Certain medications may cause an elevation in MCV as well.

In conclusion, Merck Medicus is a free program which can be down loaded to Blackberry, Android, Iphone Windows Mobile and Palm devices from merckmedicus.com. Epocrates Essentials is available for download and is available on Iphone, Itouch, blackberry, Windows Mobile, Palm and Android from Epocrates.com. Epocrates has a free version as well. These programs have many more features to offer which you can explore online or by downloading the program to you PDA. These programs can give you the valuable information at your finger tips with out carrying around a library of books.

APN Web pages– available on COLLAGE

Tool Kit, FAQs, Orientation Templates

http://vaww.collage.research.med.va.gov/collage/N_APNAG/

Newsletters

http://www1.va.gov/nursing/page.cfm?pg=120

The ADVANCED PRACTICE NURSING ADVISORY GROUP And The APN LIAISON GROUP

APNAG Representatives

CHAIR Mary Lovelady
CO-CHAIR Mary Falls
VISNs 1-2 Kathleen A. Vertino
VISNs 3-4 Nora Krick
VISNs 5-6 Joan Galbraith
VISNs 7-8 Donna Becker
VISNs 9-10 Rebecca Waldon
VISN 11-12 Jenny O'Donohue
VISN 15-23 Sheila Dunn
VISN 16-17 Nancy Cook
Selected: Mary Aigner
VISN 18 -19 Eve Broughton
VISN 20 Julie Marcum
VISN 21-22 Mary Thomas
Past Chair Janette Elliott,
VACO Liaison Marthe J. Moseley

VISN APN Liaisons Representatives & Alternates

VISN 1– vacant
VISN 2– Patty Kick, Susan Segreti
VISN 3- Aaron Schneider, Rochelle Rubin
VISN 4- Jan Jones, Kathy Chicano
VISN 5- Pam Rachal, Lucia Minville, Bonnie Wisdom (selected)
VISN 6- Sherry Goar, Sherry Hall
VISN 7- Marie Mompoint , Enrika Washington
VISN 8 Jerome Steffe, Kim Vander-Heuvel
VISN 9- Penny Thayer, Annmarie Witmar
VISN 10 Nancy Fisher, Sue Keyse
VISN 11 Denise Adams, Kelley Korona,
Aleksandra Radovanovich (selected)
VISN 12 Karen Clark, vacant
VISN 15 Janice Stevens, Denise Salisbury
VISN 16 Marsha Bunney, Michael Mistric
VISN 17 Janeth Del Toro, vacant
VISN 18 Denise Rhodes, Gladys Benavente
VISN 19 Alana Jacobs, vacant
VISN 20 Christie Locke, Betty Ang
VISN 21 Benita Morris, Lynn O'Brien
VISN 22 Roberta McCoy, Elissa Brown, Kathleen Ellstrom (selected)
VISN 23 Sally Watson, Peter Mitchell

If you have issues , questions or haven't heard from your VISN representative contact :

APNAG Co-Chairs APN Liaisons (2007-2010)

Rebecca.Waldon@va.gov or Julie.Marcum@va.gov

APNAG Co-Chairs of APN Liaison Group (2011-2012)

Eve.Broughton@va.gov or Sheila.Dunn@va.gov

VA APN Liaison Group Update: Julie Marcum

The APN Liaison Group meets monthly via teleconference. Members are comprised of one representative and one alternate for each VISN and are selected based on their qualifications by members of the APNAG (Advanced Practice Nursing Advisory Group). The term of office is three years and not to exceed two terms. Members represent nurse practitioners and clinical nurse specialists across diverse practice specialties. The Liaison group serves in an advisory capacity to the APNAG regarding issues and activities of VHA related to advanced practice nursing both within and external to VHA. The APNAG serves as an advisory group to the Office of Nursing Service. A primary purpose of the APNAG and Liaison group is communication to the field and facilitating mentorship and guidance to APNs across their VISN. The Co-Chairs for 2007-2010 were Rebecca Waldon and Julie Marcum. The 2010-2011 co chairs will be Eve Broughton and Sheila Dunn. Openings for these groups will be communicated to VISN APNs by the Liaisons and APNAG representative through the email communications that have been set up. Discussions/Accomplishments of APN Liaisons include:

APN Orientation program revised on the APN COLLAGE web page. Members who worked on this revision are Marie Mompoint, VISN 7, Alana Jacobs, VISN 19, Jan Jones, VISN 4, and Cindy Heimsoth VISN 15.

APN Pay and Award Issues , Alternate APN roles –Clinical vs. Administrative Roles

NOVA and its benefits to APNs—presentation by Larry Lemos, APN, APNs and Magnet Status

Review of the American College of Physician's Position Paper regarding APNs in Primary Care

Consensus Model for APN Regulation, OPPE– Ongoing Professional Practice Evaluation

State Licensure and Prescribing Issues. LIP vs. Non LIP and Credentialing, State to State Portability

Alternate APN roles, Clinical vs. Administrative roles

Kathleen Vertino
VISNs 1 & 2 APNAG Representative

"Why I Love My Job"

With appreciation to : New York Nurses Network/ Spring 2010

Kathleen Vertino, RN, MSN , PMHNP-BC;CARN-AP

I am an RN, MSN, PMHNP-BC; CARN-AP. Board Certified Psych/Mental Health Nurse Practitioner, also Certified Addictions RN-Advanced Practice

Where I practice nursing: Nursing has become more of a vocation and career than a job for me. It's a part of me, so I don't consider "9 to 5" as my practice. Currently, I am the team leader for the Partial Hospital Program in the Behavioral Health Care Line VA WNY Healthcare System, Buffalo, N.Y. I also participate in many other "nursing practice" and teaching activities.

Why I became a nurse: When I was in high school, girls weren't given many options. I had a woman high-school guidance counselor who basically told me I should pick nursing or teaching. I entered the LPN program and found nursing to be a great fit for me, and the rest is history.

What I love most about my job: Flexibility and variety. I have been able to practice the full scope of an Advanced Practice Nurse: clinical practice, research, teaching, writing and publishing, program development and in past positions, management. Nursing is one of the few professions where you really can "have it all" if you choose and are willing to work hard.

A pivotal moment in my nursing career: I think the most pivotal moment was when I decided to return to graduate school for a master's in nursing and then later to return for a post-master's certification as a Nurse Practitioner. Obtaining additional education changed my career path and my life entirely. But it doesn't come easy!

Best advice I've received related to nursing: Follow your gut. If something /someone doesn't seem right, feel right, look right, behave right, walk right: Do something, in other words, speak up.

Why I'd recommend nursing as a career:
Nursing is one of the few professions where you can begin your education and keep on going as long as you want. With additional education and experience, more and more opportunities emerge. Prrofessional development abounds. Creativiity is appreciated. Hard work is rewarded. Respect is earned. And most important, you have the opportunity to relieve another human being's suffering.

CERTIFICATION– AN IMPORTANT PART OF NURSE EDUCATION/CAREER GROWTH

Excerpted from The American Nurse March/April 2010

Achieving advancement in your education plays an important role in a nurse's continuing professional growth. Also important is another component: the positive impact of certification. This credential can provide significant credibility for an aspiring nurse.

Certification is the formal process by which a certifying agency, such as American Nurses Credentialing Center (ANCC)

validates a nurse's knowledge, skills, and abilities in a defined role and clinical area of practice, based on predetermined standards. Certification is a profession's official recognition of achievement, expertise, and clinical judgment. It is a mark of excellence that confers an expectation of continued learning and competence.

Certification/Credentialing advances the profession of nursing by both encouraging and recognizing professional achievement. Some of the most important purposes for credentialing programs include the following:

- Protecting the public's welfare.
- Meeting the needs of employers, practitioners, and the public by identifying individuals with certain knowledge and skills.
- Assuring consumers that professionals have met expectations for demonstrated competencies.
- Demonstrating an individual's commitment to a profession and to lifelong learning
- Providing an individual with a sense of pride and professional accomplishment.

As patient acuity becomes increasingly complex, and nurses are called upon to perform ever more sophisticated care, certification helps ensure that their expertise and clinical judgment keep pace.

ANA (American Nurses Association) ADDRESSES APRN ISSUES

The American Nurse March/April 2010—Lisa Summers, DrPH, CNM

The American Nurse now includes a column titled " APRN Focus". The goal is to cover a host of topics affecting advance practice RNs (APRNs) and explore ANA's position and activities on those topics. ANA has worked this year to ensure that APRNs are recognized and incorporated into language in the health care reform bills in Congress. ANA works in a variety of ways to ensure that APRN's scope of practice is understood and protected. The *Nursing Scope and Standards of Practice* is a foundational document that has, since 2004, incorporated advanced practice registered nursing, and representatives from each of the APRN roles are included in the periodic revisions of that document. ANA has developed a Web-based resource that answers questions about how scope of practice is defined at www.nursingworld.org/ScopeofPractice. Further, ANA was instrumental in founding the *Coalition for Patient Rights* (CPR), bringing together APRNs with a number of other health care professionals to counter the activities of the AMA's Scope of Practice Partnership. CPR follows the activities of 50 state legislatures and works closely with ANA's constituent member associations to address legislative and regulatory barriers where they are most pronounced—at the state level.

Are All of Your Licenses and Numbers in Order?

Excerpts from The Journal of Nurse Practitioners– JNP February 2010

Legal Limits– Carolyn Buppert, CRNP, JD

Nurse Practitioners (NPs) need a variety of licenses, certifications, numbers and other documents to prescribe, order tests and get reimbursed for services rendered. These include:

DEA (Drug Enforcement Administration) number.

Controlled Dangerous Substances (CDS) number (in some states)

Furnishing number or prescribing authorization (in some states)

License—RN and APN , APRN

Certification

Protocols, standardized procedures, or collaboration documents (in most states)

National provider identifier (NPI)

To prevent problems, make sure your licenses, numbers, certifications, and documents are current and in a safe place. Conduct a personal audit each year to make sure everything is in order and stays in order.

DEA– NPs must have DEA numbers to prescribe scheduled drugs. DEA numbers must be renewed every 3 years. The renewal notice goes to the place of employment. So, if you've changed employment and have not notified the DEA, the notice may not come to your new address.

CDS- Most states require prescribers of controlled substances to register. If a state requires that NPs have a separate , state issued CDS registration, the DEA must have the state-issued number before issuing a DEA registration. The state registration must be renewed periodically, and the period varies from state to state. There is no URL that gives all the contact numbers for the states. Call your state's department of health to find the office that administers state CDS numbers.

Furnishing Number or Prescribing Authorization– Some states require that NPs have authorization from the Board of Nursing (BON) as prescribers. Check your state's BON website to determine whether your state requires BON authorization to prescribe.

License– BONs usually notify a nurse a few months before his or her license expires. However, the nurse is responsible for renewing his or her license, even if the board's notice fails to come through. Some states require that an NP file documentation of certification when new documentation is received. Mark the date your license expires on your calendar.

Certification– The certification organizations change their rules for recertification from time to time. You won't want to find, 3 months before your certification expires, that you need to get 70 CEU credits in 2 months. Check the website for your certification organization yearly to see if the certifications, recertification requirements have changed.

Protocols, Standardized Procedures and Collaboration Documents– If your state's law requires that a document be filed either with the state or at the practice site, make sure those documents are filed and that copies can be located if necessary. Check the BON website and the protocols or collaboration agreement yearly to make sure that your documents meet the current standards.

NPI– All NPs should have an individual NPI, a 10 digit number unique to each individual. The NPI replaced the Medicare Provider Identification Number (PIN) the Unique Physician Identification Number (UPIN) the Medicaid provider number, and any identification system previously used by commercial health plans. NPs who bill electronically for their services are required by law to get NPIs.

While this information may seem obvious and basic, every year I get calls or e-mails from NPs who have forgotten to renew their license and get a call to cease practice immediately. Fixing the problem is expensive and time-consuming and may incur discipline.

Preventive maintenance is worth the time.

2010 VA/DOD Management of Diabetes Mellitus in Primary Care Guidelines

Updated for 2010.

The 2010 VA/DoD Management of Diabetes Mellitus in Primary Care guideline has been updated and is now available. This evidence -based information is unbiased by conflict of interest. The guideline supports shared provider and patient decision making, assisting the incorporation of patient preferences into an agreed upon care plan for veterans with diabetes. These guidelines can be found at:

VA /DOD DM Clinical Practice Guidelines: http:vaww,oqp.med.va.gov/programs/cp/cpgDM.aspx

All VA/DoD guidelines are available on :

Internet at http://www.healthquality.va.gov

Intranet at http://vaww.oqp.med.va.gov/programs/cp/clinicalPractic.aspx

Diabetes Guideline Modules include:

Algorithm D - Core Module (including hypertension, dyslipidemia and chronic kidney disease)

Algorithm S - Screening and Prevention

Algorithm G - Glycemic Control

Algorithm E - Eye Care

Algorithm F - Foot Care

Algorithm M - Self-Management and Education

In order to proactively disseminate the guideline—and ask for feedback—a series of EES Live Meetings are planned the last Tuesday of every month from October thru June (except for December). The series is entitled **Diabetes Management Series** and will start October 26, 2010 11:30-1230 EST and 2:30-330 EST. The schedule so far is as follows:

Session 1, October 26 The Patient Aligned Clinical Team and the 2010 VA/DOD Diabetes Practice Guidelines.

Session 2, November 30, Medication Usage

Session 3, January 25, Behavioral and Nutritional Therapies

Faculty; Len Pogach MD, MBA, National Program Director Endocrinology and Diabetes Office of Patient Care Services-Subspecialty Services; David C. Aron, MD, MS Chair (Emeritus); and Paul Conlin MD (Chair)

This schedule of educational offerings will be disseminated throughout the VA system and may be accessed through the VA Live Meetings Option. Audio Information -VANTS Line– 1 –800-767-1750 Participant code 34108#

Smith, Mary M. (EES) has invited you to attend an online meeting using Microsoft® Office Communications Server.

Join the meeting *Make sure the Office Live Meeting client is installed before the meeting:*

I am connecting from inside the VA network

I am connecting from outside the VA network

TROUBLESHOOTING

Unable to join the meeting? Start Office Live Meeting and join the meeting with the following information:

Meeting ID: 438494dea0224f45ab98f4cd0b1fb961

Entry Code: Rei1Qu026zgt

The series entitled **Diabetes Management Series** will be 11:30-1230 EST and 2:30-330 EST. The dates for the first of the series are October 26, November 30 and January 25.

VHA APN 2011 CONFERENCE UPDATE

SAVE THE DATE!!!!

CONFERENCE THEME *" APN'S SAILING THE WINDS OF CHANGE"*

DATE AUGUST 17-19 2011

LOCATION CHICAGO ILLINOIS

The APN Conference planning committee has been meeting monthly to plan for the 2011 National APN Conference. We are excited to announce that approval has been received from VACO for 300 attendees. To clarify, this does not mean 300 funded positions but allows for 300 APN staff to be away from their duty stations to attend. If you are interested in attending, you will need to apply through your own facility the same way you would for any conference. The committee is brainstorming some wonderful ideas for the general sessions as well as the breakout sessions. In addition, there will be a poster session focusing on APN Outcomes and Evidence-based Practice. The conference will be 2 ½ days with the last day starting early in the morning and ending at 11:30. CEU's will be awarded for complete attendance for the first two days and a separate certificate will be awarded for the final ½ which is focused on pharmacology. Some of the topics being explored are: State of VA Nursing/Cathy Rick, homelessness in the veteran population, women's health, TBI veterans, OEF/OIF veterans, benefits/resources available to veterans, OPPE, scopes of practice, APN councils, federal supremacy. We are exploring speakers as well as expanding topical areas. If you have ideas about potential topics or exemplary VA speakers please contact Julie Marcum (Julie.Marcum@va.gov) or Nora Krick (Nora.Krick@va.gov).

Communications & Advanced Practice Nurses in the VA

Keeping in touch across the miles within the VA system gets easier every day thanks to our wonderful electronic advances. Ideally we should be able to share information with every APN within minutes- if we only knew where to find you. We have over 4,000 APN's employed by the Department of Veterans Affairs and we are a diverse group. Our goal is to develop a national email group for APN's comprised of VISN and local facility groups. This would enable the APN Advisory Group or VACO to rapidly disseminate important information to all APN's. It would also be useful for quickly mobilizing APN resources nationally in the event of a disaster or emergency. Developing a process for this has been a challenge but a method has been found.

This involves gathering the APN mail group name at each facility and then including it in the overall VISN and then National mail group.

Therefore each member of the Advanced Practice Advisory Group and each VISN APN Liaison Representative and Alternate need to gather the names of all the APN mail groups in their facilities and send them on to the national email group. **Aaron Schneider and Nora Krick** from VISN 3 are coordinating this process. VISN 3 has been successful in setting up a working email group that reaches APNs throughout the VISN. The APNAG and APN VISN leaders can be found in this newsletter.

Each facility can be found on the VA webpage of your VISN. To contact facility APN leadership if unknown, go through the Nursing Executive Office. Sometimes it is like solving a puzzle but efforts to communicate with all APNs throughout the VISNS is one of our key goals.